Is there Disease of (or past or present history of):

<table>
<thead>
<tr>
<th>MO/DAY/YR</th>
<th>DETAILS</th>
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<tr>
<td>Serious Illness</td>
<td></td>
<td>Stomach, Bowels</td>
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<tr>
<td>Serious Injury</td>
<td></td>
<td>Appendicitis</td>
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<tr>
<td>Deformity</td>
<td></td>
<td>Kidneys or Urine</td>
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<tr>
<td>Surgery</td>
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<td>Infection</td>
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<tr>
<td>Skin, Glands</td>
<td></td>
<td>Bed-Wetting</td>
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<tr>
<td>Ears, Eyes</td>
<td></td>
<td>Menstrual Problem</td>
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<tr>
<td>Nose, Sinus</td>
<td></td>
<td>Hernia Rupture</td>
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<tr>
<td>Teeth, Tonsils</td>
<td></td>
<td>Beck/Limbs/Joints</td>
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<tr>
<td>Dentures/Bridge</td>
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<td>Sleepwalking</td>
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<tr>
<td>Chest, Lungs</td>
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<td>Behavioral Condition</td>
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<tr>
<td>Heart</td>
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<td>Murmur</td>
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<tr>
<td>Rheumatic Fever</td>
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<td>Other (Explain)</td>
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**AUTHORIZATION AND HEALTH WAIVER**

To the best of my knowledge, the above history is correct and complete. I know of no reason to restrict my activity, and therefore, I will participate in all activities outlined in the schedule for the College's EOF Program except as specifically noted herein. I, therefore, absolve The Richard Stockton College of NJ from liabilities connected with such activities. In the event I am under 18 and my parent or legal guardian cannot be reached in an EMERGENCY, my parents/legal guardians give permission to the physician selected by the Program Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for me as named above. Medical services are provided to me either through my own insurance policy (from my parents/guardian) or under the terms of the EOF insurance policy. All medical costs which I incur shall be born by me subject to coverage under the insurance policy(ies) then in effect.

**ACKNOWLEDGMENT OF PRIVACY NOTICE**

I understand and have been provided with The Richard Stockton College of New Jersey/AtlanticCare's Notice of Privacy Practices that provides a more complete description of information uses and disclosures. I understand that I have the right to review the notice prior to signing this consent. The Richard Stockton College of New Jersey/AtlanticCare reserves the right to make changes to their Privacy Notice. By signing this form, I acknowledge that I have been afforded the opportunity to consider The Richard Stockton College of New Jersey/AtlanticCare’s Notice of Privacy Practices prior to signing of this consent and making of healthcare decisions.

Date_________________________

Student’s Signature

Date_________________________

Parent’s or Guardian’s Signature
(if student is under 18)

FOR OFFICE USE ONLY

Reviewed by EOF Professional Staff ____________________________

Signature ____________________________ Date ____________________________

Reviewed by Physician/Medical Staff ____________________________

Name & Position ____________________________ Date ____________________________